

# Work Order ID 88823

August-07-12 7:49:36 AM

**\*88823\***

Page 1

Item ID: D4671-1

Accept

**\*N900040100\***

Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Armrest Cushion

Start Date: 07/08/2012 Start Qty: 6.00

**\*6\***

Cust Item ID:

Required Date: 21/08/2012 Req'd Qty: 6.00

**\*6\***

Customer:

Reference:

Approvals: Process Plan: MLJ

Date: 12/08/07 Tooling:

Date:

Run Start **\*NR1\***

QC:

Date: SPC (Y/N):

Date:

Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr

Revision Nbr

D4671

REV. A

100

0.00

**\*100\***

PURCHASING

Purchasing

Memo

0.00

Purchasing

Issue P/O: 17629

Manufacture as per dwg D4671

Possible supplier: Aerotek

Ensure Material Release Note is attached

CD 12/08/08 (6)

110

0.00

**\*110\***

Packaging

Packaging

Memo

0.00

Packaging

Ensure Material Release Note is attached

10/2/9/10 (6)

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
<b>Root Cause</b>	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY									
<b>Landing Gear</b>			<b>General</b>						
<input type="checkbox"/>	Bending	<input type="checkbox"/>	Bend	<input type="checkbox"/>	Grain	<input type="checkbox"/>	Ovalized	<input type="checkbox"/>	Pressure/Forced
<input type="checkbox"/>	Centre Not Concentric to O/S	<input type="checkbox"/>	BOM/Route	<input type="checkbox"/>	Hardware	<input type="checkbox"/>	Over/Under tolerance	<input type="checkbox"/>	Temperature/Cure
<input type="checkbox"/>	Cracks	<input type="checkbox"/>	Broken/Damaged	<input type="checkbox"/>	Inspection Incomplete	<input type="checkbox"/>	Part Incorrect	<input type="checkbox"/>	Weld
<input type="checkbox"/>	Crushed/Crimped	<input type="checkbox"/>	Burrs	<input type="checkbox"/>	Instructions Incomplete/Unclear	<input type="checkbox"/>	Part Lost/Missing	<input type="checkbox"/>	Wrong Stock Pulled
<input type="checkbox"/>	Cuffs	<input type="checkbox"/>	Contamination	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	Part Moved	<input type="checkbox"/>	Other
<input type="checkbox"/>	Heat Treat	<input type="checkbox"/>	Countersink	<input type="checkbox"/>	Mislabeled	<input type="checkbox"/>	Positioned Wrong		
<input type="checkbox"/>	Inspection Strip in Tube	<input type="checkbox"/>	Cut Too Short	<input type="checkbox"/>	Misread	<input type="checkbox"/>	Power Loss/Surge		
<input type="checkbox"/>	Ripples in Bend	<input type="checkbox"/>	Drill Holes	<input type="checkbox"/>	Offset				
<input type="checkbox"/>	Torque Waves in Extrusion	<input type="checkbox"/>	Drawing	<input type="checkbox"/>	Out of Calibration				
<input type="checkbox"/>	Turning Sequence	<input type="checkbox"/>	Finish	<input type="checkbox"/>	Out of Sequence				
<input type="checkbox"/>	Wave/Twist in Tube	<input type="checkbox"/>	Folio	<input type="checkbox"/>	Outside Dimensions				

# Work Order ID 88823

\*88823\*

Page 2

August-07-12 7:49:36 AM

Item ID: D4671-1

Accept

\*N900040100\*

Setup Start \*NS1\*

Revision ID:

Stop \*NS2\*

Item Name: Armrest Cushion

Start Date: 07/08/2012 Start Qty: 6.00

\*6\*

Cust Item ID:

Required Date: 21/08/2012 Req'd Qty: 6.00

\*6\*

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start \*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop \*NR2\*

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

120

QC6- Inspect dimensions to drawing

0.00

\*120\*

QC

Memo

0.00

Quality Control

130

Identify as per dwg & Stock Location: 187

0.00

\*130\*

Packaging

Memo

0.00

Packaging

140

QC21- Final Inspection - Work Order Release

0.00

\*140\*

QC

Memo

0.00

Quality Control

DAS  
16  
170914

(do)

6 ch 8 12/9/11

ML5 12/09/12

MF  
12-09-12

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>						
<b>Root Cause</b>	<b>Date</b>	<b>Step</b>	<b>Qty</b>	<b>Description of work order update or Non-conformance</b>	<b>Initial Chief Eng</b>	<b>Action Description</b>	<b>Sign &amp; Date</b>	<b>Verification</b>	<b>QC Inspector</b>			
Doc/Data <input type="checkbox"/>												
Equip/Tooling <input type="checkbox"/>												
Operator <input type="checkbox"/>												
Material <input type="checkbox"/>												
Setup <input type="checkbox"/>												
Other <input type="checkbox"/>												
Process <input type="checkbox"/>												
Supplier <input type="checkbox"/>												
Training <input type="checkbox"/>												
Unapproved <input type="checkbox"/>												
<b>FAULT CATEGORY</b>												
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  _____ _____ _____		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other  _____ _____ _____	

# Picklist Print

August-07-12 7:49:41 AM

Page 1

Work Order ID: 88823

\*88823\*

Parent Item: D4671-1

\*D4671-1\*

Parent Item Name: Armrest Cushion

Start Date: 07/08/2012

Required Date: 21/08/2012

Start Qty: 6.00

Required Qty: 6.00

Comments: IPP REV:A 12.06.26 NEW ISSUE DD VERF:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D4671-1P		Manufactured	No			110	Each	0.0000	1	6			
*D4671-1P*									**				
Armrest Cushion													

6/25/12 (6)

NCR: Yes / No

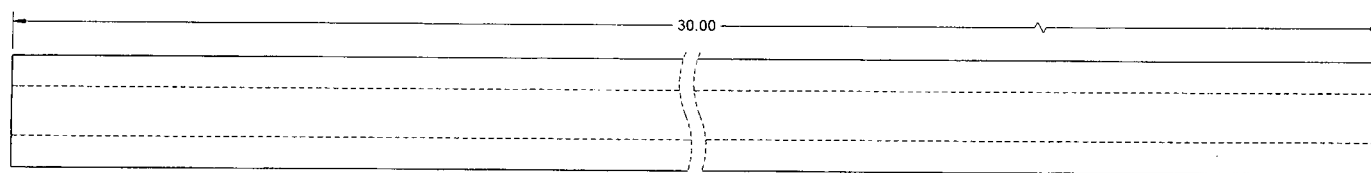
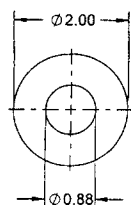
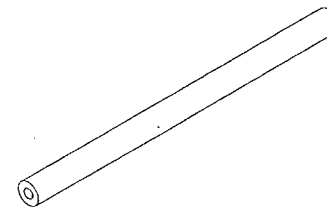
**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>						
<b>Root Cause</b>	<b>Date</b>	<b>Step</b>	<b>Qty</b>	<b>Description of work order update or Non-conformance</b>	<b>Initial Chief Eng</b>	<b>Action Description</b>	<b>Sign &amp; Date</b>	<b>Verification</b>	<b>QC Inspector</b>			
Doc/Data <input type="checkbox"/>												
Equip/Tooling <input type="checkbox"/>												
Operator <input type="checkbox"/>												
Material <input type="checkbox"/>												
Setup <input type="checkbox"/>												
Other <input type="checkbox"/>												
Process <input type="checkbox"/>												
Supplier <input type="checkbox"/>												
Training <input type="checkbox"/>												
Unapproved <input type="checkbox"/>												
<b>FAULT CATEGORY</b>												
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other	

SHOP COPY  
 RETURN TO  
 ENGINEERING  
 UNCONTROLLED COPY  
 SUBJECT TO AMENDMENT  
 WITHOUT NOTICE  
 WORK ORDER  
 NO. 88823 MLJ  
12/08/07



**D4671-1 ARMREST CUSHION**

**NOTES:**

- 1) MATERIAL: SKANDIA HR 150 POLYFOAM (4.6 LBS/CU FT)
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: N/A
- 6) IDENTIFICATION: N/A
- 7) WEIGHT: 0.20 lbs

**RELEASED**

2012-07-09  
 4 PER ECN 12-016

A	NEW ISSUE	AJS	12.06.13
REV.	DESCRIPTION	BY	DATE
DESIGN	AJS	<b>DART AEROSPACE LTD</b> HAWKESBURY, ONTARIO, CANADA	
DRAWN	AJS		
CHECKED	<i>[Signature]</i>	DRAWING NO.	REV. A
MFG. APPR.	<i>[Signature]</i>	D4671	SHEET 1 OF 1
APPROVED	<i>[Signature]</i>	TITLE	SCALE
DE APPR.	<i>[Signature]</i>	ARMREST CUSHION	NTS
DATE	12.06.13	COPYRIGHT © 2012 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.	



Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Tel: 613 632 9577  
Fax: 613 632 1053

## PURCHASE ORDER

Purchase Order ID PO17629

Purchase Order Date 8/08/12

PO Print Date 8/08/12

Page Number 1 of 1

Order From :

VC-AER003

AEROTEX INTERIORS INC.  
2340 PEGASUS WAY NE  
UNIT 151  
CALGARY, AB T2E 8M5  
CA

Contact Name  
Vendor Phone  
Vendor Fax  
Vendor Account Nbr

403 295 8770  
403 313 0793

Buyer Chantal Lavoie  
Requisition Nbr  
Tax Resale Nbr 10127-2607  
Terms Net 30  
Currency CAD  
FOB Destination-Collect

Ship To :

DART AEROSPACE LTD

1270 ABERDEEN  
HAWKESBURY, ON K6A 1K7  
CANADA

**FAXED**  
a-mac

Line Nbr	Reference Revision ID Vendor Part Number	Description/ Mfg ID	Req Date/ Taxable	Req Qty/ Unit of Measure	Ship Method	Unit Price	Extended Price
1	D3781-043P	armrest cushion ass'y	8/20/12 Yes	✓ 2.00 Each	FedEx PI collect	\$175.0000	\$350.00
		Special Inst:	AS PER DWG D3781 REV.E B87482				
2	D4029-041P	Webbing (Long Basket)	8/20/12 Yes	✓ 3.00 Each	FedEx PI collect	\$200.0000	\$600.00
		Special Inst:	AS PER DWG D4029 REV. A B88283				
3	D4671-1P	Armrest Cushion	8/20/12 Yes	6.00 Each	FedEx PI collect	\$55.0000	\$330.00
		Special Inst:	AS PER DWG D4671 REV. A B88823				
						PO Total:	\$1,550.00



Change Nbr: 1

Change Date: 8/08/12

No substitution or deviation without  
consent.  
Certificate of Conformity or Material  
Certification required - YES NO





151-2340 Pegasus Way NE  
Calgary, AB T2E 8M5  
PH: 403.295.8770 FX: 403.313.0793  
EM: info@aerotex.ca WS: www.aerotex.ca

## Packing Slip

Date      Packing

06/09/2012      12-11

Ship: Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
CANADA

Bill: Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, Ontario K6A 1K7  
CANADA

Customer Phone  
613.632.5200

Customer Fax  
613.632.1053

Email: PURO ACCT 1-7684382

Ship Via  
FEDEX P1

Courier Acct No.  
151793240

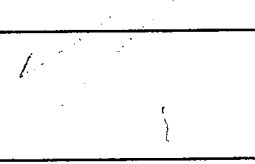
Ship Date      P.O. No.  
06/09/2012      PO17629

Part No.	Description	Part Number	Back Order	Shipped
DART	ARMREST CUSHION ASSY.	D3781-043P		2
DART	WEBBING (LONG BASKET)	D4029-041P		3
DART	Armrest Cushion GST On Sales	D4671-1P		6

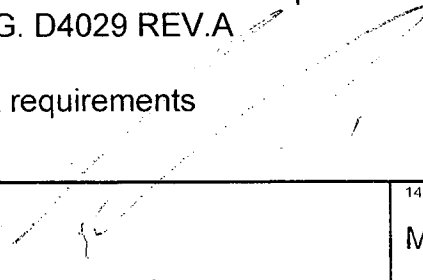
Thank you for doing business with Aerotex Interiors!

"your one stop shop for all your aircraft interior needs"  
www.aerotex.ca

GST/HST No.      139110308

1. Organization issuing certificate Aerotex Interiors Inc., 24 – 2333 18 Ave NE Calgary, AB T2E 8T6		2. <b>CERTIFICATE OF CONFORMANCE</b>			3. Work Order / Contract / Invoice 12-0035
4. Customer Name Dart Aerospace Ltd. 1270 Aberdeen Street Hawkesbury, Ontario K6A 1K7 Canada					5. Customer Purchase Order PO17629
6. Item	7. Description	8. Part No./Specification	9. Qty.	10. Batch No.	11. Status
1	FOAM – HR Polyurethane 150 ILD	HR 150	N/A	5033	NEW
2	FABRIC – Surrey Silver	Surrey Silver	N/A	4935	
12. Remarks I certify that the materials supplied for the Purchase Order listed above conform to Aerotex Interiors's material/process specification and are in all respects in conformance with the contract requirements. I further certify that items have been fabricated to established specification to confirm with DWG NO. D3781					
13. Signature 		14. Title Manager			
15. Name Carson Chanthyvong		16. Date September 7, 2012			

1. Organization issuing certificate. Aerotex Interiors Inc., 24 - 2333 18 Ave NE Calgary, AB T2E 8T6		2. <b>CERTIFICATE OF CONFORMANCE</b>			3. Work Order 12-0035
4. Customer Name DART Aerospace Ltd. 1270 Aberdeen Hawksbury, ON K6A 1K7 CANADA					5. Customer Purchase Order PO17629
6. Item 1	7. Description Polyfoam	8. Part No./Specification HR150	9. Qty. NA	10. Batch No. 5033	11. Status New  DAS 16 9-53 12/09/14
12. Remarks I certify that the materials supplied for the Purchase Order listed above conform to Aerotex Interiors's material/process specification and are in all respects in conformance with the contract requirements. I further certify that items have been fabricated to established specification to confirm with DWG NO. D4671 REV.PA1					
13. Signature 		14. Title Manager			
15. Name Carson Chanthvong		16. Date September 7, 12			

Organization issuing certificate: Aerotex Interiors Inc., 24 - 2333 18 Ave NE Calgary, AB T2E 8T6		<b>CERTIFICATE OF CONFORMANCE</b>			Order / Contract / Invoice 12-0035
4. Customer Name Dart Aerospace Ltd. 1270 Aberdeen Street Hawkesbury, Ontario K6A 1K7 Canada					5. Customer Purchase Order PO17629
6. Item	7. Description	8. Part No./Specification	9. Qty.	10. Batch No.	11. Status
1	Webbing 1" Red	MIL-W-4088K T XVII	NA	5029	NEW
2	Nylon Thread Red	V-T-295 Type II	NA	5015	NEW
12. Remarks I certify that the materials supplied for the Purchase/Repair Order listed above conform to Aerotex Interiors's material/process specification and are in all respects in conformance with the contract requirements. I further certify that the materials meets and complies with DWG. D4029 REV.A  Burn test requirements					
13. Signature 		14. Title Manager			
15. Name Carson Chanthyvong		16. Date September 7, 2012			